NEGLECT & ABUSE RECIDIVISM IN KENTUCKY

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ABSTRACT

This study of neglect and abuse recidivism consists of two separate sections. First, management reports showing all recidivism cases in each region throughout the State of Kentucky were reviewed. Since recidivism is computed per child rather than per case, data was examined to determine number of children in each case. The purpose is to determine if there are more children per case in the rural regions compared to urban regions. The belief is that recidivism may appear higher in rural regions due to number of children in families being greater than in urban regions.

The other question examined in this study is, what factors are leading to higher recidivism in Gateway/Buffalo Trace region. To determine this, data was gathered from 60 Cabinet Protection & Permanency case files (50% from recidivism cases and 50% from non-recidivism cases in Gateway/Buffalo Trace region). An identical questionnaire was completed on each case selected for this study. Variables examined in relation to both recidivism and non-recidivism cases include income level of family, single parent household, substance abuse, domestic violence, and prior history with Child Protection Services. These results were compared to see what the differences are.

The results will be used to identify factors related to recidivism, to assess what CPS can do to alleviate these factors and reduce recidivism in the Gateway/Buffalo Trace region.

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INTRODUCTION:

In the year 2001, 8.9% of families involved with Child Protective Services in the State of Kentucky experienced a second substantiated report of child neglect/abuse in their family. This figure is 2.8% above the national standard of 6.1% (*Kentucky Cabinet for Families and Children*, 2001). The State of Kentucky has been focusing on reducing this rate of recidivism in order to be in compliance with the standard set for the nation with the passage of the Adoption & Safe Families Act of 1997.

The primary reason for reporting child maltreatment is to prevent its recurrence. Despite the widespread belief that the system designed to prevent its recurrence is failing miserably, little empirical data are actually compiled to support this contention (DePanfilis & Zuravin, 1999).

This problem is not unique to the State of Kentucky as evidenced by a study completed in California in 1997. In this study it was noted that recurrent maltreatment of children is an indicator of how well the child protective system is functioning. California identified their rates of recidivism as being as high as 50% between the years of 1985 and 1993 (Inkelas & Halfon, 1997).

According to a book review, **Future of Child Protection,** the field of child protection invokes deep passions and fears. Those fears result from the deepest passions that CPS keeps children "safe" from their parents. This idea is so distasteful to all of society that it is near impossible to overcome the emotions generated by a CPS report (Pelton, 2000, p. 184).

This is just one of the reasons it is extremely important that we understand the factors related to CPS reports and recurrence.

For the purpose of this study, the problem of "recidivism" is defined as two or more substantiated neglect/abuse reports within a 12-month period. This study addresses two questions related to recidivism. The first question addressed is: Are there more children born in families in rural areas versus urban areas and does this negatively affect the recidivism rates. The second question addressed is: What factors are contributing to the high rate of recidivism in areas of our State.

It is a fact that in years past Child Protective Service statistics were not compiled or documented in a very accurate manner. Since 1996 the Kentucky Cabinet for Families and Children has been integrating a new computer system called The Workers Information System, better known as "TWIST". This system is now developed well enough to keep reasonably accurate statistics on CPS reports and continues to be fine-tuned. This system should facilitate the review of existing data within the past year with the expectation of acquiring accurate information.

For the purpose of the first question of how recidivism is counted (by child vs. case), data was compiled from the statewide management report, TWS-M120, dated 9/9/02. Due to recidivism being measured by child rather than by case, if there are three children in one case and a substantiated neglect/abuse report on that family, it is counted as three cases of recidivism. This study looks at data statewide in an attempt to identify whether larger families raised in the rural areas of Kentucky and smaller families in urban areas of the State, could lead to recidivism appearing higher in the rural areas.   This study, with data obtained from the TWIST computer files, also attempts to identify which specific factors are prevalent and appear to be statistically significant in leading to elevated recidivism rates in the Gateway/Buffalo Trace Region.

This study describes the demographics of the family, within the CPS system, that has had two or more substantiated reports of neglect/abuse within the past twelve month period of time. This study hypothesizes that the way recidivism is counted, (by child vs. case), may cause recidivism to appear higher in the rural areas. That factor depends on whether family size is actually higher in the rural areas than it is in the urban areas of the State. In addition the study looks at income level, single parent household, substance abuse, domestic violence, and prior history with CPS as contributing factors to recidivism in the Gateway/Buffalo Trace region.

LITERATURE REVIEW:

Child maltreatment is a widespread and costly social problem. Millions of children in America are neglected and abused every year and the problem appears to be on the rise. Children that are mistreated frequently grow into adults with serious social, health, and mental health problems (DePanfilis & Zuravin, 1998).

It is imperative that the primary purpose of CPS programs, which is to protect children and prevent recurrence of maltreatment, be documented and understood. It is important that we understand what has failed when CPS has become involved with a family and neglect/abuse occurs anyway. In the history of Child Protective Services there have always been repeat occurrences of reports of child abuse and neglect. In the past, data, which would have identified how many recurrences actually happened and the reasons for those recurrences, was not accurately kept. However, in the past 20 years there have been many studies on differing aspects of the effectiveness of child protective services and the rates of and reasons for recidivism.

Literature reviewed for this research study included a review of forty-five existing studies whose population originated with CPS. This study was completed in Baltimore, Maryland and published in 1998 by DePanfilis and Zuravin. The article reviewed available research on rates, patterns and frequency of child maltreatment recurrences in families known to CPS. The findings of this review indicated that CPS population studies reported recurrence rates ranging from 0% for low-risk cases followed for 24 months to 85% for families followed for up to 10 years. Neglect was more often documented as a recurrence factor than abuse was. Several of the studies reported recurrence rates to be higher during CPS intervention in comparison to after termination of services by CPS. This study identified the highest risk period for recurrence to be

30 to 60 days following the initial CPS report and found that the recurrence rate decreased with time. There was some debate with this information as to whether the drop in recurrence rates over time was related to less surveillance by CPS or actual risk reduction.   Methodological strategies for future research that were suggested included actual research studies being conducted with comparison groups rather than review of existing data. It was suggested that exact dates of casework contact as well as future reports be carefully documented so recurrence could more accurately be tracked (Depanfilis & Zuravin, 1998).

Most public child welfare agencies use some type of formal risk assessment model to predict the level of risk when a report comes into CPS.   Agencies attempt to offer services that are geared toward the identified level of risk to alleviate the probability of another report. However, in spite of these risk assessment indicators and interventions placed in the family home, reoccurrences continue to happen.

In the State of Illinois a Child Endangerment Risk Assessment Protocol (CERAP) was designed to guide workers in decision-making throughout the life of the case and is used at several critical milestones in the case.

The CERAP contains four sections: 1) A safety factor checklist; 2) a section consisting of the safety decision; 3) a safety protection plan section consisting of: a) what actions will be taken to protect the child, b) who is responsible for implementing each plan component and, c) how and by whom the plan will be monitored; 4) the fourth section consists of the signatures of worker and supervisor along with dates signed (Fuller, Wells, and Cotton, 2001).

Two studies in Illinois were completed to assess the effectiveness of the CERAP. Two specific milestones, in two separate studies, were chosen to complete the CERAP at – within 24 hours after the CPS investigator sees the alleged victim and within five days of case opening.

For each study a case control design was used in which a sample of families who experienced an indicated report of maltreatment recurrence within sixty days of CERAP completion was compared to a sample of families who did not experience maltreatment recurrence.

Results indicated that age of the youngest child, single-parent household, number of child problems, type of maltreatment, and whether case was referred for services or not were the predictors of short-term recurrence for investigation cases. After the case had been opened, which is usually 30 days after the initial investigative contact, it was found that recurrence rates were shown to increase if there was not a completed CERAP in the case and if the case showed that service provision was not adequate. With both samples the number of prior substantiated reports on the perpetrator and the presence of multiple caretaker problems (e.g., alcohol/drug dependency, domestic violence) were predictive of maltreatment recurrence. It was found in this study that type of maltreatment and case disposition were significantly related to maltreatment recurrence and strongly predictive of recurrence (Fuller, Wells, and Cotton. 2001).

Recurrent maltreatment of children in families that previously had open cases with CPS was studied using administrative data from the California Social Services system. It was found in this study that recidivism might be reduced through improved risk assessments, provision of appropriate intervention services, and post-termination follow-up with families. The data for this study was obtained from the California Department of Social Services, *Preplacement Preventive Services Characteristics Survey*. The survey included cases involving 646 children from each of the years 1985, 1989, and 1993 randomly selected and using an identical instrument of measurement. It was found that about two-thirds of cases in which caseworkers documented general neglect, sexual abuse, and physical or emotional abuse was discharged directly from the

Emergency Response system with no case opened at all. This lack of response was found to be directly related to case overload in the CPS system (Inkelas and Halfon, 1997).

According to a study published in the Journal of Child Abuse and Neglect in 1998, single parent families were studied to see if there was significant correlation with the occurrence of child neglect/abuse. It was noted in that study that male unemployment was the greater predictor of child abuse. Looking at the supposed stressful role of single parenting it was concluded that being poor, rather than being alone, was the determining factor in abuse (Gillham, B., Tanner, G., Cheyne, B., Freeman, I., Rooney, M., and Lambie, A., 1998).

With the increasing knowledge of the detrimental effects of domestic violence on children, it is important to conduct studies to determine whether family violence is a factor in recurring child maltreatment. In prior research there has also been a correlation established between domestic violence and substance abuse (Olsen, Allen, & Azzi-Lessing, 1996). This being the case, the study conducted with case files in Gateway/Buffalo Trace region will look at how prevalent these two factors are in recidivism cases and also will consider whether single parent households appear to be a factor.

"Early efforts to examine the prevalence of child maltreatment and domestic violence confirm that the relationship can be substantial and consistently report a high level of overlap" (Aron, L. and Olson, K., 1997, p. 4). It is well known that most cases of child maltreatment are usually neglect rather than abuse. However, Aron & Olsen (1997) noted that most of the studies have been on child abuse and domestic violence, rather than neglect and domestic violence, leaving a gap in documented information on the prevalence of neglect and domestic violence. Not only does substance abuse negatively impact family functioning but it also appears to be a key indicator in recurrence of child abuse and neglect.

In a study completed in New Jersey using case files on families involved with five offices of that States CPS agency it was determined from data collected that in slightly more than half of the families one or both of the caretakers were identified as having a substance abuse problem (Wolock, I. and Magura, S., 1996).

These studies identify important factors leading to changes in the CPS systems in other states. This research supports the need for studies to be completed that will help to identify factors in the State of Kentucky that are contributing to the elevated rate of recidivism in our CPS system. Is our CPS system effectively addressing neglect and abuse and if not why it is ineffective.   What are the factors related to recidivism in the State and in the Gateway/Buffalo Trace Region?

This study first takes a look at all recidivism cases from each of the sixteen regions in the State to identify if the way recidivism is being counted (per child vs. per case) could be a factor showing recidivism to be higher than normal in rural areas. The premise in gathering this information is that rural Kentucky regions may have comparable recidivism cases as other more densely populated regions but may have more children in those cases.

This study also takes a sample of 30 recidivism and 30 non-recidivism cases from Gateway/Buffalo Trace Region as a comparison group. Data was gathered via a research tool designed specifically to identify factors that could contribute to high recidivism. The hypothesis this study is based on is that recidivism is directly influenced by: 1) number of children counted in case, 2) income level, 3)single parent household, 4) substance abuse, 5) domestic violence, 6) prior history with CPS.

METHODOLOGY

In the early 1990's the State of Kentucky began looking at it's system of protection services and seeking ways to provide better services, document what was being done, and provide statistics that would show that Kentucky service response to neglect/abuse was appropriate and effective.

These goals led Child Protection Services to reconstruct their entire system of services offered. In 1997 ASFA set Federal goals to make states more accountable and to attempt to keep children from lingering in the system for lengthy periods of time. In this process specific Federal guidelines for recidivism were set at 6.1% of CPS cases that have recurrence of substantiated reports within a twelve-month period of time. As of August 2002 the Gateway Buffalo Trace Region consistently had more counties substantially above this 6.1% figure than not with an average of 8.9%.

Data for this study was obtained from the Kentucky Cabinet for Families and Children The Workers Information System (TWIST) and hardcopy case files. For this study unobtrusive secondary data analysis was utilized. Data was collected from the entire State via the Recidivism Management Report, TWS-M120 dated September 09, 2002, for the purpose of addressing the question relating to larger family size in rural versus urban Kentucky. For the purpose of addressing the question of what factors affect high recidivism, a non-probability sample of 60 cases were selected from the Gateway/Buffalo Trace case files, 30 recidivism cases and 30 non-recidivism cases for comparison.

Data was abstracted from the identified cases using a standard questionnaire constructed to include: number of children, income level, single parent household, substance abuse, domestic violence, and prior CPS history.

The measures of central tendency, such as mean and median were calculated for interval variables such as income level and prior history.   Percentages were calculated for nominal variables such as single parent household, substance abuse, and domestic violence and were also used for prior history. For the purpose of this study, single parent households were identified as single even if there was a paramour living in the home.   Substance abuse and domestic violence issues are not always identified in the case file in the Safety Factor Checklist so the case file was carefully screened for this information. Prior history with CPS was gathered by counting months from the first date a case was opened for an investigation.

Unobtrusive use of existing data was employed to dispel any concerns regarding the protection of human subjects.   To maintain confidentiality, no identifying information was recorded from the case files, and a master list of TWIST numbers with the corresponding number assigned to the information extracted by the researcher for each was kept in a secure location apart from the recorded data and information. The list of numbers and all data and information gathered for this research activity will be destroyed upon completion of the study.

The information was compiled from the management report and case files kept in TWIST and then operationalized so as to be usable with SPSS software for analysis.

This study was approved by the Kentucky State Internal Review Board due to the confidential nature of the information being abstracted from the Cabinet files.

RESULTS

Statistical tests that were operationalized for data analysis in this study were frequencies, cross tabulation, and correlation. I also used the Pearson Chi-Square to determine statistical significance. I had to count the data by hand to find how many cases were represented in the per child recidivism data extracted from each regions management report, TWS-M120. I then computed with a calculator the mean to identify what the average children/per family ratio was in each region.

I gathered my information from the statewide TWS-M120 management reports dated 9/9/02 and abstracted the number of recidivism cases per child in each of the sixteen regions from that report. I then narrowed the figure down to number of recidivism cases per family in each separate region. In this study I thought that I would find more children in the rural areas of the State than in the urban areas, thus, since recidivism is counted per child versus per case, the recidivism rate would appear to be higher in the rural areas. In running correlation analysis on these figures I found the Pearson correlation to be .983. Correlation is significant at the 0.01 point.

I ran frequencies to obtain statistical information such as mean and median on substantiated referrals, unsubstantiated referrals, total referrals, recidivism by child, and recidivism by case. The mean on recidivism per child was 41.4375 and on recidivism per case was 27.3125. The median was 36 and 23 respectively. I ran correlations on recidivism by child and by case and found there to be a significant correlation (correlation is significant at 0.01 level). I also figured average number of children per recidivism case in each of the three obviously urban regions, (Fayette, Jefferson, and Northern Kentucky) and compared them to three of the lowest population rural regions, (Gateway/Buffalo Trace, KY River, and FIVCO).

These figures (Urban 1.52 vs Rural 1.81) do not appear to be significantly different, however, the correlation is significant. I was unable to reach any absolute conclusion in relation to the hypothesis other than there are more children in the rural areas than in the urban areas in Kentucky, however, there should be further study before we make the statement this is the reason for high recidivism in the rural areas.

In this study I also hypothesized that: 1) number of children in the case, 2) income level 3) single parent household, 4) substance abuse, 5) domestic violence, and 6) prior history with Child Protection Services (CPS), would negatively influence the recidivism rate in Gateway/Buffalo Trace region.

I ran frequencies on all of these factors and found the following information. 85 percent of all cases sampled had four or less children. There was no statistically significant difference in the number of children shown in the recidivism/non-recidivism cases sampled. This information was derived only from the cases in the Gateway/Buffalo Trace region. When I ran cross tabulation on income level in the recidivism/non-recidivism cases from Gateway/Buffalo Trace region I found that there was no statistical significance identified by this factor. Income level was consistently at the very low level showing 93.3 per cent of all cases sampled as being $20,000 or less. However, these figures were consistent in both recidivism and non-recidivism cases in the region sampled.

Family structure revealed 50 per cent of the families sampled were single-parent families, 40 per cent were two-parent families, and 10 per cent were blended families. However, the figures for recidivism/non-recidivism cases were consistent with those overall figures. There did not appear to be any statistical significance in these figures.

Substance abuse in all cases sampled was high with 58.3 per cent of all CPS cases sampled having substance abuse issues. 63.3 per cent of recidivism cases revealed substance abuse issues while 53.3 per cent of non-recidivism cases had substance abuse issues. However, again, there was no statistical significance shown in these figures (Pearson Chi-Square .432). When I ran cross tabulation on family structure/ substance abuse, however, that pairing appeared to be close to being statistically significant (Pearson Chi-Square .053). 51.4 per cent of single parent families suffered from substance abuse problems in their family while only 31.4 per cent of two-parent families suffered from substance abuse issues.

Domestic violence appeared to be as dominant in the sample of cases as did substance abuse, with almost exactly the same percentages. 58.3 per cent of all CPS cases sampled had domestic violence issues with 66.7 per cent being recidivism cases and 50 per cent non-recidivism cases. Again there was nothing statistically significant in these figures.

In computing prior history with CPS I found that overall the number of months a case continued in ongoing status the more likely it was that there would be recidivism. 83.3 per cent of all recidivism took place after the case had been open one year or more. Only 16.6 per cent of the cases experienced recidivism within the first year. This is the one factor that was definitely statistically significant with a Pearson Chi-Square of .014.   I found that 60 per cent of CPS recidivism clients minimally participated in their active case with that figure remaining close whether the case was recidivism or non-recidivism.

I also found that neglect was the dominant factor in recidivism cases along with overall cases within the CPS system, with 71.7 per cent of the substantiations being related to neglect.

DISCUSSION

According to the research results it appears that there may be significantly more children in rural CPS recidivism cases than in the urban cases. It must be remembered that this is not a causal relationship but just shows the possibility of a correlation between the two variables. However, there is a need for further research due to the limitations and weaknesses of this study. First of all, I did not feel the sample was valid. I found that it was relatively impossible to conclude anything due to the foggy definition of urban/rural. In the State of Kentucky almost everything is rural. Out of the sixteen regions I could only identify three of them as urban. The rest were so mixed that I do not feel there was an accurate way to define them in my study. It is possible a researcher would have to actually break down the State by county rather than region in order to more accurately determine rural from urban. The separation definitely cannot be made according to region. I do believe that there is some validity to the need for further research as long as it is better defined.

There are other factors that I believe would be significant in affecting recidivism rates. These include the inconsistent way reports are accepted depending on the county you live in. For example, any county that is urban and has more volume of reports will be much more selective with the reports they accept for investigation while rural counties that are not so busy might be more open to investigating the reports that are questionable.

Some of the information gathered from this research indicates the same results shown in prior research, as discussed in the literature review. For instance, data indicates a strong link between poverty and CPS involvement. One would again wonder if poverty is the problem or neglect/abuse. At the same time, single parent households, substance abuse, domestic violence, and keeping the case open over 12 months all show high numbers relative to CPS cases, not

necessarily to recidivism. If a study were to be done using CPS and the general population not involved with CPS, I am sure there would be very significant differences in the statistics. It would be my recommendation that a study be initiated using CPS cases and persons having no involvement at all with CPS as the sample. It would also be beneficial to use a much larger sample of cases for any future study of this type. However, for the purposes of this research project it was not feasible, due to time management, for a larger sample of cases to be included.

One of the weaknesses of this study was the factors I used and their definitions. As I extracted the data I found that the factors were too broad and needed clearer definition. For example, in this study "family structure" was defined as single parent even if there was a significant partner living in the home for an extended period of time. "Months case was active" was hard to extract data on as defined in this study, because many times the case was opened and closed numerous times during its history. It was very difficult to determine if the case had substance abuse or domestic violence in it due to those factors not being recorded in the Safety Factor screen by the CPS worker completing the investigation. I had to search diligently through the case in order to determine these factors.

One factor that was very obvious and was actually statistically significant was that the longer CPS was involved with the family the higher likelihood there was for recidivism to occur. It is apparent, just as prior research has indicated, that CPS needs to offer intensive services, reduce the risk, and get out of the home as quickly as possible.

The results of this study will be shared with the Service Region Administrator in the Gateway/Buffalo Trace region. If it is felt that this is a study useful for further research it will be shared with whoever might want to look at it within the Cabinet for Families and Children. It is hoped that the results will be used to identify the need for further study related to high recidivism

and to assess what measures CPS can implement to reduce recidivism in this region. If research indicates the problem areas in families we would be better able to offer more effective interventions tailored to the most prevalent issues within families. Practice would be much more effective if centered around the exact factors identified in research and planned for in advance.

There is a need for more resources to offer clients in the rural areas of our State. Substance abuse and domestic violence is a huge issue and are dealt with inadequately in the rural areas by CPS and the Court system. If these issues are never adequately addressed in a family there is certain to be recurrences and recidivism will continue to be a dominant factor.

This study demonstrates the need for social workers to advocate actively for programs and resources in rural Kentucky to increase the effectiveness of our work with this population of clients. Without education, jobs, and adequate resources the clientele will remain in poverty and without adequate assistance to reduce the factors directly leading to recurring involvement with CPS.

References

Aron, L. Y., & Olson, K. K. (1997, Summer). Efforts by child welfare agencies to address domestic violence. *Public Welfare*, 55 (3), p4.

DePanfilis, D & Zuravin, S. J. (1999). Child maltreatment recurrences. *The Social Service Review*, 73 (2), 218-239.

DePanfilis, D. & Zuravin, S.J. (1998). Rates, patterns, and frequency of child maltreatment recurrences among families known to CPS. *Child Maltreatment,* 3 (1), 27-49.

Fuller, T. L., Wells, S. J., & Cotton, E. E. (2001). Predictors of maltreatment recurrence at two milestones in the life of a case. *Children and Youth Services Review*, 23 (1), 49-78.

Gillham, B. Tanner, G. Cheyne, B. Freeman, I. Rooney, M. & Lambie, A. (1998). Unemployment rates, single parent density, and indices of child poverty: Their relationship to different categories of child abuse and neglect. *Child Abuse and Neglect,* 22 (2), 79-90.

Inkelas, M. & Halfon, N. (1997). Recidivism in child protective services. *Children and Youth Services Review,* 19 (3), 139-161.

Kentucky Cabinet for Families and Children. *All Families Matter Outcome Report* (2001). Retrieved February 5, 2002 from: http://cfc.state.ky.us/outcomes2001/.

Olsen, L.J., Allen, D., Azzi-Lessing, L. (1996). Assessing risk in families affected by substance abuse. *Child Abuse and Neglect,* 20 (9), 833-842.

Pelton, L. H. (2000). The future of child protection. [Book Review]. *Journal of Sociology & Social Welfare, 27*, 184-187. Retrieved October 23, 2002, the Sociological ABSTRACTS database.

Royse, D. (1999). *Research methods in social work* (3rd ed.). Belmont, CA: Wadsworth/Thomson Learning.

Wolock, I. & Magura, S. (1996). Parental substance abuse as a predictor of child maltreatment re-reports. *Child Abuse and Neglect,* 23 (12), 1183-1193.